

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: Virtual Meeting via WebEx

Wednesday, June 29, 2022

MEETING MINUTES

ATTENDEES:

MEMBERS:

Abby Wolf Stanton, EDLC
Chioma Oruh, Chi Bornfree, LLC
Justin Palmer, DC Hospital Association
Marie Morilus-Black, MBI Health Services
Mark LeVota, DC Behavioral Health Assoc.
Robert Hay Jr., MSDC
Sharra Greer, Children's Law Center
Tamara Smith, DCPCA, Chair MCAC
Veronica Damesyn Sharpe, DCHCA

MCAC Ex-Officio Members

Barbara Bazron, DBH
Maude Holt, DHCF
Melisa Byrd, DHCF

GUESTS:

Ahna Millat, CareFirst CHPDC
Amy Griboff, Griboff Law, LLC
Amy Maisterra, DCPS
Anthea Seymour, ESA
Angelique Martin, DHCF
April Grady, DHCF
Belinda Zhang, CareFirst CHPDC
Braelyn Parkman, Terris, Pravlik & Millian, LLP
Brenda Lee Richardson
Brittany Branand, DHCF
Catherine Yourougou, LCE
Cheryle Baptiste DDS
Cleveland Woodson, MedStar
Claudia Schlosberg, Castle Hill Consulting
Colleen Sonosky, DHCF
Craig Umstead, MedStar
Dan Feeley, MedStar
Danielle Lewis-Wright, DHCF
DaShawn Groves, DHCF
Eleni Salyers, DHCF
Elizabeth Garrison, DHCF

GUESTS CONTINUED

Elisa Jackson
Eric Levey, HSC Health
Eric Scharf, DBSA
Erin Loubier, Whitman-Walker Foundation
Eugene Simms, DHCF
Felecia Stovall, DHCF
James Christian, AmeriHealth Caritas DC
Jenny Ozor, CareFirst BCBS
Jennifer Ragins
Joseph Brennan, DHCF
Joyce Speaks Hellams, DHS/ESA
Karyn Wills, CareFirst CHPDC
Katherine Rogers, DHCF
Kerda DeHaan, DHCF
Leslie Lyles Smith, MedStar FCDC
Lisa Jackson, DHCF
Louvel Fauntroy, UCB
Mark Barnhart, HPIPIO, DHCF, HCPRA
Melanie Williamson, DHCF
Michael Fortune
Michelle Weinterstein, MedStar
Peter Magargee, North America Sobi
Peter Stephan, University Legal Services
Patricia Quinn, DCPCA
Raymond Tu, MedStar
Sara Fisher, myDCrd
Sharon Henry, MedStar
Sheryl Johnson, DHCF
Seema Kazmi, MedStar
Stephanie Taylor, HSCSN
Tamika Fitzgerald, DHCF
Tricia Quinn, DC PCA
Tyler Deines, DHCF
Vicki Jessup, BeneLynk
Yvonne Covington, Total Care Services

I. Call to Order

The meeting was called to order at 5:34pm by Tamara Smith, MCAC Chair.

II. Approval of Minutes

The minutes for MCAC Meeting that took place on April 27, 2022, were approved with having MCAC members listed not as guests.

III. Q&A on Medicaid Program Update

Melisa Byrd, DHCF Medicaid Director, went over a new approach to the MCAC meeting that includes sending the updates for review in advance of the meeting to have a discussion during the meeting.

Question 1:

Eric Scharf asked what Health Care Workforce Task Force is doing around mental health workforce issues (*refer to "MCAC June Discussion", page 9*).

Answer:

Director Byrd responded that behavioral health (BH) is a part of group discussions. Two meetings took place. The first meeting was a level setting and logistical information as well as preparation for subcommittee work. At the second meeting, the updates were provided as well as data on what the roles are at DC Health, in terms of regulation and licensing, and clarification on which providers fall under the District Health Regulation Authority. And some of the trends that we are seeing, in terms of specific provider areas and increases or decreases, in those applying or re-licenses in the District. The next steps have been assigned to subcommittees.

Mark LeVota, Executive Director at District of Columbia Behavioral Health Association, and Dr. Bazron, Director of the Department of Behavioral Health, are also members of the Taskforce. Mr. LeVota is representing the Provider Trade Association for BH issues and Dr. Bazron is representing the government for BH issues.

Mark LeVota noted that according to statistical analyses, BH providers reported about a 20% vacancy rate, which was consistent with other healthcare associations. They have also seen statistical information by license types at the individual professional level and not just at the organization level. The Allied Health Boards provided information about the variety of professionals that most frequently deliver BH services. Some of the statistics on the availability of graduate-level licensure versus fully independent licensure. Mark has not seen the contact information for members of the public to participate in the workgroup meetings. The full health care task force had their meetings publicly noticed in the D.C. Register. Mark suggested to continue encourage people to look for information in the register. D.C. Health is also hosting a website for the task force, and hopefully, they'll be able to provide some updates on how members of the public can participate.

Claudia Schlosberg raised the issue of participation as a public member and asked the task force members to request that chairs or DOH be given some guidance around sharing information more readily and making it transparent and accessible. There are still people who have been notified that they are on subcommittees, but they have no idea what the committee is, what is the mission and when it's meeting. Also, when they have virtual meetings, please allow public members to chat and see who else is participating. Group agreed with the suggestion of having a central posting and sharing of when meetings and subcommittee meetings are taking place.

Tamara Smith noted that Claudia's suggestion will be shared with DC Health. Ms. Smith co-chairs one of the task forces that is working on getting District residents engaged (the first meeting has not taken place yet).

Claudia Schlosberg added that the Long-term Care Coalitions Workforce Subcommittee has just completed a survey of Home and Community Based Services (HCBS) providers on the workforce. The executive summary will be shared with the task force and the various subcommittees.

Ms. Smith mentioned that DC Health Care Workforce Partnership had a meeting on June 29th, 2022, providing some recommendations to the task force and the Mayor's task force in alignment with some of the subcommittees that exist.

The link to the Healthcare Workforce Taskforce: <https://dchealth.dc.gov/node/1597726>

SPA, Waiver, Rule Update

Question 2:

Veronica Sharpe asked if Appendix K #7 includes ALF members that are EPD waiver providers?

Answer:

Eugene Simms responded that specific direct support professionals' supplemental payment that's referenced in Appendix #7 is specifically for the Services My Way. It is also detailed in the ARPA spending plan under the same name. We're just extending the deadline for us to make the payments to September 30, 2022.

Question 3:

Veronica Sharpe asked about Mandatory COVID-19 SPA: There is no description of what it is. It says it is in development and must be submitted prior to the end of the PHE. Can you give us a little detail on that?

Answer:

Eugene Simms responded that it is correct. With the passing of the American Rescue Plan Act, there are some required coverage elements for Medicaid. Among those were COVID vaccination management requirements. We are codifying what we have been doing. CMS has sent out templates and we are filling them out. We intend to submit largely technical SPA for approval by CMS in accordance with ARPA.

Question #4:

The final rule Housing Supportive Services establishes rules to reimburse for housing supportive services for beneficiaries who are at risk of homelessness. There are many residents in District nursing homes who would be homeless other than they live in District nursing homes. Does this address this at all?

Answer:

Eugene Simms responded that there are various housing initiatives and supports available in the District. He believes that someone who is not in a facility would be homeless. They would meet our needs-based criteria that is defined as at risk of homelessness. However, they would not be eligible for this benefit because they are currently in a facility. Our 1915(i) Housing Supports SPA creates eligibility and provides coverage and reimbursement for a home community-based service for individuals who are outside of facilities and benefits that would otherwise mimic coverage of this service. If you have like intensive care coordination or case management through another one of our covered benefits, you wouldn't be getting housing support services. It establishes two housing supportive services overseen by DHS or individuals who are in the community and at risk of homelessness.

Ms. Sharpe suggested looking at this population because for too long we've overlooked the fact that they could probably live in the community with services like that.

Director Byrd noted that there are similar support services through Money Follows the Person (MFP) program. Further conversation can take place if there are questions or concerns about that not being robust enough or meeting the need. There is certainly a lot of interest out there and how that service could be broadened to other populations. We are trying to focus on those that meet the definition of homeless or at risk of homelessness.

Ms. Sharpe raised the housing problem in terms of permanent support otherwise they will always be institutionalized.

Director Byrd asked to be mindful that the housing support services are not paying for housing because Medicaid is still precluded from paying. It is about helping to potentially find housing, work through the application processes, learn how to work with a landlord, etc.

Question 5:

Draft Doula SPA is open for comments, is that correct? If so, is there a link in the deadline for any comments?

Answer:

The doula SPA draft is available for review online here: <https://dhcf.dc.gov/doula-services-spa>. Please forward comments by July 1, 2022, to dhcf.maternalhealth@dc.gov.

There is the draft plan amendment posted on DHCF's website for folks to review this week prior to us submitting to CMS. There will be a formal comment period through rulemaking. On June 14th, we presented it to the Maternal Health Advisory Stakeholder Group.

Director Byrd is going to work with her teams on the SPAs and waivers to make the context user-friendly for external stakeholders.

Managed Care (MC) Procurement Update

DHCF issued a new request for proposals for a managed care program back in November with the intent to award in it June 2022. The contract award is stayed due to protest. The goal is to ensure continuity of services. More to come. Most likely, the protest must be resolved before you can move forward. Director Byrd will need to check on a procedure. It is handled through the Contact Appeals Board.

IV. Discussion Topics

New Medicaid Card

Director Byrd presented on Medicaid assistance Card (see pages 3-5 of the presentation). Please provide your feedback on the best way to communicate it to beneficiaries and providers. The existing card will still be valid.

Questions 1:

Does the card include the information about Office of Health Care Ombudsman and Bill of Rights?

Director Byrd will double-check.

Tamara noted that it is important to get the word out to providers, community health centers and all payers to help direct beneficiaries where to access their new card, whether that's email correspondence, fliers, etc. It would be helpful to provide it to our front desk staff.

Ms. Sharpe suggested a wall sign to be placed in facilities.

Suggestions/Comments:

- a) Short videos on social and web channels as part of the outreach.
- b) Mark noted that the card is not used to verify eligibility. It is a shortcut to help provider organizations know where to look for coverage. He agreed with Ms. Sharpe that the old cards will age out organically.
- c) Peter suggested providing awareness that the new cards don't change the benefits.

Question 2:

Will the collateral be shared with the MCO so they can share it with their members?

Answer: Yes.

Alliance

Director Byrd Presented on Alliance Recertification (*refer to “MCAC June Discussion”, page 6-15*) and asked for input and guidance. She also inquired about other information that might be helpful.

Question 3:

Eric Scharf asked if these slides going to be posted.

Answer:

Melisa responded yes. Please let DHCF know if the preference is to have slides posted prior to the meeting and DHCF team can see what can be done to meet that expectation.

Chioma Oruh noted that many immigrant families will appreciate this change.

Question 4:

Erin Loubier asked if people renewing b/c expiration 8/31/2022 and the 9/30/2022 group need to recertify after 6-months?

Answer:

Melisa responded that the people renewing on August 31st and September 30th of this year will need to recertify after six months. The effective date for annual recertification is October 1st.

Question 5:

Leslie Lyles Smith asked when will the MCOs receive a list of Alliance enrollees due for renewal to be able to conduct outreach?

Answer:

Director Byrd responded that it will be out before by July 1st as they are prepared.

Question 6:

Tamara Smith asked if the recert date is on the Alliance member card?

Answer:

Danielle Lewis-Wright responded that it is not on the card. It is in the interactive voice response (IVR) and the number where providers call to confirm current eligibility.

Director Byrd asked to e-mail her (or DHCFAllianceRecert@dc.gov) any ideas you might have of other stakeholder groups to reach out to.

Unwinding Public Health Emergency (PHE) Stakeholder Engagement

DaShawn Groves, Special Project Officer at DHCF, provided an overview of the PHE and unwinding (*refer to “MCAC June Discussion”, page 16-19*).

Director Byrd shared that DHCF is going to develop a communications toolkit for the District that is accessible and has comprehensive and consistent messaging.

Question 7:

Mark LeVota wrote that prior to the PHE, a significant number of Medicaid beneficiaries had auto-renewal. Does DHCF have an estimate of what portion of currently enrolled beneficiaries will experience auto-renewal and what portion will need to go through active verification process? For those who need to submit renewal forms, will beneficiaries be able to complete the renewal form in the District Direct portal?

Director Byrd responded that we have a high passive renewal rate (low 80%). It is limited to MAGI Medicaid population, which is the majority of Medicaid beneficiaries for individuals who fall under non-managed Medicaid (LTC programs, etc.), there will not be the ability to auto-renew or passively renew this year or in the future. For those who need to submit renewal forms, beneficiaries will be able to complete them through the District Direct portal.

Erin Loubier noted that partnering with the DC Health Link Assisters would be helpful (and all FQHCs).

Robert Hay added that houses of worship have been good partners during the pandemic, especially around vaccines. They may be distributors/partners for this information.

Chioma Oruh added that she wishes for health information to be made available in more nonclinical spaces like schools, faith-based institutions, libraries, faith-based schools, social groups, family success centers, health centers, providers and other social communal spaces.

Question 8:

Patricia Quinn asked if DHCF/ESA has estimated what staffing levels will be needed.

Answer:

Director Byrd responded that we don't have an estimate but anticipate bringing additional resources to help during unwinding.

Amy Maisterra offered to help get the word out through their school system (OSSE & DCPS).

Question 9:

Chioma Oruh noted that Medicaid services are in desperate need of quality review (healthcare worker crisis).

Answer:

Director Byrd responded that there is a lot of efforts focused on workforce. If there are any specific provider area that needs discussion or any issues, please reach out.

Question 10:

Mark LeVota noted if we are at 75% passive renewals (of total beneficiaries, not just of MAGI population), we are talking about 25% (81,250 beneficiaries) who will need to complete renewal forms. If there are particular populations who are more likely to go through non-MAGI income, we should think about the organizations that have best connections to those populations.

Answer:

Director Byrd agreed. The discussions are taking place internally.

Question 11:

Patricia Quinn would like to discuss a dedicated access point for fixing beneficiary issues for health center assisters. We have got a workforce of people who will be working directly with beneficiaries on troubleshooting issues. Support should be expedited (on-demand support).

Answer:

Director Byrd will follow up directly with Patricia Quinn and Erin Loubier to discuss.

V. Subcommittee Updates

Eligibility and Enrollment

Eric Scharf mentioned that he was not able to attend the last meeting due to health issues. The next meeting is scheduled for July 20th with a focus on restarting, Alliance and communication issues around outreach. We will send out the announcement meeting with solicitation requests for other topics. For the specific issue around enrollment eligibility, look for an email from Taylor that will be sent out shortly.

Access

Robert Hay reported that they are currently in a holding pattern and continue working out staffing issues for the subcommittee. The next meeting is on September 14th. More to come. If you have any questions, comments or suggestions for the subcommittee, send them over.

Long Term Services and Supports (LTSS)

Veronica Damesyn Sharpe reported that they requested a meeting with Director Byrd and Angelique Martin from DHCF to talk about the disbursement of the ARPA funds and how that will occur. She also noted that they want to do an informational study on the fact that the Alliance benefits do not cover long-term care services and support. LTSS wants to look at that population, how they are aging, what their needs are for long-term services and supports and make a recommendation back to DHCF and to MCAC. The next Long Term Care Coalition meeting is TBD. It will be sent out once determined.

Health Care Re-Design

Mark LeVota reported that the last meeting was on May 11th. We covered the SMHP and continue to talk about ways to help to operationalize the recommendations from the State Medicaid Health IT Plan. We also talked about some new DC Health Information Exchange Population Health Analytics tools. Not everyone knew about some tools that have already been available.

The next meeting is on July 20th. We are covering a value-based payment roadmap that DHCF is in its early stages of drafting and starting to share some of that information with the broader public. Also, we have an Alliance conversation around the system and benefit design portion of the alliance work.

VI. Opportunity for Public Comment

Question 1:

Was there a timeline suggested for the SPA amendment?

Answer:

Director Byrd responded that they are each on the individual timeline because they speak to something in a specific component of our state plan. She believes in the chart there are milestones or dates included. If not, please let DHCF know if there is a particular state plan amendment you are interested in doing.

VII. Announcements

The executive committee came to the agreement to revisit MCAC bylaws and see if there are any changes that need to be made about the membership terms, etc.

The applications for membership for FY23 will be coming up. The deadline will be announced later. A small group will review the bylaws and have some recommendations for a meeting in September.

The next meeting is on September 28th.

Question 1:

Patricia Quinn asked what sort of access restrictions (if any) exist for people on Medicaid or Alliance in regard to Plan B contraceptives.

Answer:

Director Byrd responded that we have a comprehensive contraceptive available for Medicaid and Alliance beneficiaries. We have various family planning and contraceptives available to beneficiaries.

Question 2:

Dr. Cheryl Baptiste introduced herself as a dentist in Washington, D.C. and shared her observation of not seeing dentistry represented in any documents she received. Who will be the point of contact for concerns in the dental community? Dr. Baptiste became President-Elect for the D.C. Dental Society and is the immediate past President for Robert T. Freeman, the local branches of the ADA and the NDA.

Tamara Smith suggested considering participation in subcommittees (Access or Enrollment and Eligibility).

VIII. Adjournment

Tamara Smith adjourned the meeting.

DRAFT